



# Basketball Camp

**BT Bullock School Gym**  
**BOYS & GIRLS**

**November 9th, 10th & 11th**  
**Ages 9–14**

**November 16th, 17th & 18th**  
**Ages 5-8**



**6:30 PM—8:30 PM**

**\$25 Per Participant**  
(Make checks payable to LCPR)

**Lee County Parks and Recreation**  
**2303 Tramway Rd.**  
**8:00 am – 5:00 pm**

**For More Information Call (919) 775-2107 Ext. 4206**





# LCPR BASKETBALL CAMP

GIRLS & BOYS

AGES 9-14

NOVEMBER 9TH, 10TH & 11TH

AGES 5-8

NOVEMBER 16TH, 17TH & 18TH

6:30 PM - 8:30PM

COST \$25.00 PER CHILD

PARTICIPANT'S NAME \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

## WARNING, LIABILITY, RELEASE, AND ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

I UNDERSTAND THAT PARTICIPATION IN THIS RECREATIONAL PROGRAM INVOLVES THE RISK OF INJURY. THESE RISKS INCLUDE COLLISION WITH OTHER PLAYERS, BEING HIT BY THE BALL, FALLING TO THE GROUND OR INTO A FENCE, SCRATCHES, BRUISES, ETC. I FURTHER UNDERSTAND THAT BEFORE PARTICIPATING IN THIS PROGRAM I SHOULD CONSULT A PHYSICIAN FOR ADVICE. BY SIGNING THIS FORM, I ACKNOWLEDGE ALL RISKS OF INJURY AND DEATH AND AFFIRM I AM WILLING TO ASSUME RESPONSIBILITY SHOULD INJURY OR DEATH RESULT FROM THEM. I ALSO AGREE TO FOLLOW ALL RULES AND PROCEDURES OF THE PROGRAM AND TO FOLLOW REASONABLE INSTRUCTIONS OF THE COACHES AND SUPERVISORS OF THE PROGRAM. FURTHERMORE, IN RETURN FOR THE OPPORTUNITY TO PARTICIPATE IN THIS PROGRAM, I AGREE FOR MYSELF, AND FOR MY HEIRS, ASSIGNS, EXECUTORS, AND ADMINISTRATORS, TO WAIVE ANY LEGAL RIGHTS I MAY HAVE TO SEEK PAYMENT OF ANY KIND FROM THE COUNTY, ITS EMPLOYEES, OR ITS AGENTS FOR BODILY INJURY OR DEATH RESULTING FROM THIS PROGRAM, AND TO RELEASE THOSE PARTIES FROM ANY LIABILITY FOR DAMAGES RESULTING FROM MY INJURIES OR DEATH. I UNDERSTAND THAT NO INSURANCE IS PROVIDED BY

SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN

DATE \_\_\_\_\_

MAIL WITH FEE TO:

LEE COUNTY PARKS AND REC.  
P.O. BOX 1968  
SANFORD, NC 27331



By signing, you hereby confirm your acceptance of the convenience fee charged by Official Payments and agree to pay the "Total Payment" amount indicated, subject to and in accordance with the agreement governing the use of your credit or debit card.

Signature of Parent or Guardian

Date